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Thank you for choosing Continental American Insurance Company

1.800.433.3036
www.aflacgroupinsurance.com

Your Group Policy Number is:	0000013215
Product:	Disability Insurance
Your Policy is Effective :	07/01/2015
Your State of Issue is:	Georgia

DEKALB COUNTY (GA)
1300 COMMERCE DR
DECATUR GA 30030-3222

MPMAIL

V

August 18, 2026

DEKALB COUNTY (GA)
1300 COMMERCE DR
DECATUR GA 30030-3222

Re: Your DEKALB COUNTY (GA) Group Disability Insurance Coverage
Policy No.: 0000013215

Welcome to the Aflac family!

Thank you so much for adding Aflac coverage in your employee benefits offering. We take commitments to our accounts very seriously and promise to be there when you and your employees need us. Enclosed, you'll find:

A Master Policy packet for the Aflac group plan you've chosen to make available to your employees. Each packet includes:

- A master policy, which indicates your group coverage effective date and other coverage details,
- A copy of your master application, **and**
- A copy of your employees' coverage certificate. **(We'll let employees know they can request copies of their certificates from you, so please be sure to make the coverage documents available. Of course, employees are also welcome to call us directly to request copies of their certificates.)**

If you have any questions about your group plan or your employees' coverage, please reach out to your account manager, or give us a call at 1.866.319.8089 Monday through Friday, from 9 a.m. to 7 p.m. Eastern time.

Again, welcome to the Aflac family!

CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
1.800.433.3036

GROUP SHORT-TERM DISABILITY INSURANCE POLICY

This coverage only pays benefits for short-term Disability as listed in the Benefit Schedule of this Policy. Benefits are paid for short-term Disability caused by Sickness or Off-the-Job Injury. This Policy does not provide benefits for any other Sickness or condition.

IF THE INSURED HAS ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

DEKALB COUNTY (GA) (the "Policyholder") applied for coverage under this Group Short-Term Disability Insurance Policy (the "Plan"). This Plan is issued by Continental American Insurance Company (the "Company," "we," "us," or "our"). Based on the Application and based on the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages. (Please note that male pronouns—such as *he*, *him*, and *his*—are used for both males and females, unless the context clearly shows otherwise.)

You will notice that certain words and phrases (including some medical terms and the names of Plan documents) in this document are capitalized. These refer to terms with very specific definitions as they apply to this insurance Plan.

This is a limited Plan. Please read it carefully.

This Plan becomes effective on the Effective Date at 12:01 a.m., as determined by the Policyholder's address. Plan Termination is governed by Section I. The Plan continues to be effective while premiums are paid, as provided in Section II.

The Plan's first Anniversary Date appears below. Subsequent anniversaries will be the same date each following year.

The Policyholder may add new Employee from time to time, according to the Plan's terms.

This Plan is a legal contract between the Company and the Policyholder. All material printed by the Company on the following pages is part of the Plan. This Plan is delivered in and governed by the laws of the jurisdiction shown below.

In witness whereof, the Company executes this Plan at its home office in Columbia, South Carolina, on the Effective Date.

Signed for the Company at its Home Office.

Virgil R. Miller, President

J. Matthew Loudermilk, Secretary

Group Policy Number	0000013215		
Effective Date	July 1, 2015	**Anniversary Date**	July 1, 2016
Jurisdiction	Georgia	**Non-Participating**	

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Notice of Non-Insured Benefits

From time to time, Continental American Insurance Company (CAIC) may offer or provide goods and/or services that are not related to insurance. These goods and services, which could be offered or provided to some people who apply for CAIC coverage or become insured by CAIC, may include (but are not limited to) the following:

- Enrollment services.
- Educational services.
- Benefit statement services.
- Payroll or plan administration services.

The services listed above will fall under the same benefit plan that includes or is related to the applicable CAIC coverage, individual wellness programs, and related services.

In addition, CAIC may arrange for third-party service providers (such as pharmacies, optometrists, dentists, and accountants) to provide discounted goods and services to people who apply for CAIC coverage or who become insured by CAIC.

Though CAIC has arranged these goods, services, and/or third-party provider discounts, the third-party providers—**not CAIC**—are liable to applicants/insureds for these goods and services. CAIC is not responsible for providing the goods and/or services, nor is CAIC liable to applicants/insureds for the negligent provision of these goods and/or services by third-party service providers.

For information about this notice, call 800.433.3036.

Table of Contents

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Section I - Eligibility, Effective Date, Termination, and Portability

Eligibility

A person is an eligible Employee under this Plan if he meets **all** the following requirements:

- He is An Employee of the Policyholder.
- He is engaged in full or part-time work.
- He is included in the class of Employees eligible for coverage, as shown on the Application.

Effective Date

The Plan's Effective Date is shown on Page 1.

An Employee's Effective Date is the date his insurance takes effect. That date is **one of** the two following dates:

- The date that is shown on the Certificate Schedule if the Employee is Actively at Work on that date.
- The date the Employee returns to an Actively-at-Work status if he is not Actively at Work on the date that is shown on the Certificate Schedule.

Plan Termination

The Plan may terminate for any of the following reasons:

- The premium is not paid before the end of the Grace Period.
- The Company cancels the Plan any time after the end of the third Policy year. To do this, the Company must give 60 days' written notice.
- The number of participating Employees is less than the number mutually agreed upon by the Company and the Policyholder in the signed Master Application.

The Policyholder has the sole responsibility to notify Employees of the Plan's termination. If the Plan terminates, it—and all Certificates issued under the Plan—will terminate on the specified termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

If the Plan ends, we will provide coverage for claims arising from Disabilities that were first diagnosed while the Plan was in force.

Termination of an Employee's Insurance

An Employee's insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 31st day after the premium due date, if the premium has not been paid.
- The date he no longer meets the Plan's definition of an Employee.
- The date he no longer belongs to an eligible class.
- On the premium due date which falls on or first follows an Employee's 75th birthday.

If an Insured's coverage ends, we will provide coverage for claims arising from short-term Disability that was first diagnosed while his coverage was in force.

Portability Privilege

When an Employee ends employment with the employer and his coverage would otherwise end, that Employee may choose to continue his coverage under this Plan. The Employee may continue the coverage that he had on the date his employment ended.

To keep his Certificate in force, the Employee must meet the following three requirements:

- He must apply to the Company in writing within 31 days after the date his insurance would otherwise terminate.
- He must pay the required premium — the premium in effect at the time of port — to the Company no later than 31 days after the date the Certificate would otherwise terminate and on each premium due date thereafter.
- He must be engaged in full or part-time work.

Coverage will end:

- 31 days after the date the Employee fails to pay any required premium, **or**
- The date this Group Plan is terminated, whichever occurs first.

If an Employee qualifies for this Portability Privilege, then the Company will apply the same Benefits, Plan Provisions, and Premium Rate as shown in his previously issued Certificate.

Section II - Premium Provisions

Premium Calculations
The Schedule of Premiums determines the premium amount payable on any premium due date. The rates shown in this Schedule can be changed each year after the rate guarantee period has expired. The Company will give the Policyholder written notice 31 days before any change in rates becomes effective.

Premium Payments
The first premiums are due on this Plan's Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan should be paid to the Company at its Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

Premium Increase
The Company will notify the Policyholder and each employer group or subgroup insured under the Policy of the maximum amount of a group premium increase. This will be done no less than 60 days before the premium increase becomes effective.

Premium Refund
If coverage is terminated for any reason, the Company will return any unearned premium to the Insured on a pro-rata basis on or before the premium cancellation date.

Grace Period
This Plan has a 31-day Grace Period. If a renewal premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Plan.

Section III - Definitions

When the terms below are used in this Plan, the following definitions will apply:

Actively at Work refers to an Insured's ability to perform his regular employment duties for a full normal workday. The Insured may perform these activities either at his employer's regular place of business or at a location where the Insured may be required to travel to perform the regular duties of his employment.

Base Annual Pay is the Employee's annual income from his Job with the Policyholder. This pay excludes overtime pay, bonuses, or any other special pay.

Benefit Period is the maximum number of days *after* the Elimination Period, if any, for which the Insured can be paid benefits for any Period of Disability. Each new Benefit Period is subject to a new Elimination Period. See the Benefit Schedule for the Benefit Period.

For the purposes of this calculation, a "month" is defined as 30 days for which benefits are paid.

Complications of Pregnancy refers to:

- Conditions requiring Medical Treatment that comes before or comes after the termination of a pregnancy. The diagnoses for this Medical Treatment must be distinct from pregnancy but either adversely affected by pregnancy or caused by pregnancy. For a condition to be a Complication of Pregnancy, it must constitute a classifiably distinct pregnancy complication. Examples of such Complications of Pregnancy are:
    - Acute nephritis,
    - Nephrosis,
    - Cardiac decompensation,
    - Missed abortion,

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    - Disease of the vascular, hemopoietic, nervous, or endocrine systems, and
    - Similar medical and surgical conditions of comparable severity.
- Further Complications of Pregnancy include:
    - Hyperemesis gravidarum and pre-eclampsia requiring hospital confinement,
    - Ectopic pregnancy that is terminated, and
    - Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy *do not include* the following conditions:
- multiple gestation pregnancy.
- false labor.
- occasional spotting.
- morning sickness.

Other similar conditions associated with a difficult pregnancy are not considered Complications of Pregnancy.

Cesarean deliveries are not considered Complications of Pregnancy.

Daily Disability Benefit is one-thirtieth of the applicable monthly Disability benefit shown on the Benefit Schedule.

Disability
- ***Total Disability*** refers to the Insured's being under the care and attendance of a Doctor due to a condition that causes his inability to perform the material and substantial duties of his Job with the employer. To qualify as Total Disability, the Insured may not be working at any job.

- ***Partial Disability*** refers to the Insured's being under the care and attendance of a Doctor due to a condition that causes his inability to perform the material and substantial duties of his Job. To qualify as Partial Disability, the Insured is able to work at any job earning less than **80.00%** of the Base Annual Pay of his Job at the time he became disabled.

Doctor is defined as a person who meets **all** the following criteria:
- A person who is legally qualified to practice medicine.
- A person who is licensed as a physician by the state where Treatment is received.
- A person who is licensed to treat the type of condition for which a claim is made.

A Doctor does **not** include the Insured or the Insured's Family Member

Elimination Period is the number of continuous days at the beginning of the Insured's Period of Disability for which no benefits are payable. See the Benefit Schedule for the Elimination Period. Each new Benefit Period is subject to a new Elimination Period.

Employee is a person who meets eligibility requirements under **Section I - Eligibility,** and who is covered under this Plan. The Employee is the Insured under this Plan.

Family Member includes anyone related to the Insured in the following manner: spouse, brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren, father- or mother-in-law; and spouses, as applicable.

Full-Time Job refers to a job at which the Insured works, performing his occupational duties for pay or benefits, for the required number of hours per week. This requirement appears under the Eligibility section of the Benefit Schedule.

Injury refers to an Off-the-Job bodily injury not otherwise excluded. An Injury meets **all** the following criteria:
- It is directly caused by a covered accident.
- It is not caused by Sickness, disease, bodily infirmity, or any other cause.
- It occurs on or after the Effective Date of coverage and while coverage is in force.

Insured means the eligible person whose coverage under the Certificate becomes effective. The Insured is named on his Certificate Schedule. The Insured is always the covered eligible Employee under an employer group Policy.

Medically Necessary refers to Treatment, services, or supplies that are necessary and appropriate for the diagnosis or Treatment of a Sickness or an Injury based upon generally accepted medical practice.

Mental Illness is defined as a Total Disability resulting from psychiatric or psychological conditions, regardless of cause. Mental Illness includes but is not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, personality disorders and adjustment disorders. It also includes any other condition usually treated by a Doctor, mental health provider, or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

Off-the-Job Injury means an Injury that occurs while the Insured is not working at any job for pay or benefits.

On-the-Job Injury means an Injury that occurs while the Insured is working at any job for pay or benefits.

Period of Disability means the length of time the Insured is either Totally Disabled or Partially Disabled from one or more causes. It starts the first full day of Total Disability or Partial Disability after the Insured ceases to be Actively at Work for the Policyholder. It ends on the **earlier** of the following two dates:

- The date the Insured ceases to be Totally Disabled or Partially Disabled.
- The date the Insured returns to an Actively at Work status for any employer.

Sickness refers to a covered illness, disease, infection, or any other abnormal physical condition. Sickness must meet **all** the following criteria:

- It must not be caused by an Injury.
- It occurs while coverage is in force.

Treatment or ***Medical Treatment*** is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

Section IV - Benefit Provisions

The benefit amounts payable under this section are shown in the Benefit Schedule.

We will pay the following benefits, as applicable, if the Insured's Disability is caused by a covered Sickness or covered Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other Policy terms.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with the Insured while a claim is pending, or to use an independent consultant and Doctor's statement to determine whether the Insured is qualified to receive Disability benefits.**

The Insured must be under the care and attendance of a Doctor for these benefits to be payable. Benefits will cease on the date of the Insured's death.

Separate Periods of Disability

SAME OR RELATED CONDITION

Separate Periods of Disability resulting from the **same condition or a related condition** are considered a continuation of the prior Disability if they are not separated by 180 days or more.

Once the maximum *Total Disability Benefit Period* or maximum *Partial Disability Benefit Period* has been paid, the Insured will not be eligible for a new *Total Disability Benefit Period* or for a

new *Partial Disability Benefit Period* for Disability due to the **same condition or a related condition**, until **180** days after **all** the following conditions are met:

- He has been released by a Doctor from the prior Disability.
- He is no longer disabled.
- He is no longer qualified to receive any Disability benefits under this Policy.

After his Disability Benefit Period, the Insured may continue his coverage if **all** the following conditions are met:

- He returns to work within 90 days after his Benefit Period ends.
- Premium payments for his coverage resumes upon his return to work.
- The group Policy is still in force upon his return to work.

UNRELATED CAUSES

Separate Periods of Disability resulting from **unrelated causes** are considered a continuation of the prior Disability if they are not separated by the Insured's returning to work at a Job for 30 consecutive days, during which he is performing the material and substantial duties of that job.

Once the maximum *Total Disability Benefit Period* or maximum *Partial Disability Benefit Period* has been paid, the Insured will not be eligible for a new *Total Disability Benefit Period* or for a new *Partial Disability Benefit Period* for Disability due to an **unrelated cause**, until 30 consecutive days after **all** the following conditions are met:

- He has been released by a Doctor from a prior Disability.
- He is no longer disabled.
- He is no longer qualified to receive any Disability benefits under this Policy.

After his Disability Benefit Period, the Insured may continue his coverage if **all** the following conditions are met:

- He returns to work within 90 days after his Benefit Period ends.
- Premium payments for his coverage resumes upon his return to work.
- The group Policy is still in force upon his return to work.

Periods of Disability meeting either of these separation requirements will begin a new *Total Disability Benefit Period* or a new *Partial Disability Benefit Period* (a maximum of 3 months), subject to a new Elimination Period.

The Partial Disability Benefit has its own Benefit Period; it is not subject to the Total Disability Benefit Period. An Insured may be eligible for the Partial Disability Benefit even if he had not received the Total Disability Benefit.

TOTAL DISABILITY BENEFIT: SICKNESS or OFF-THE-JOB INJURY

If the Insured has a Job at the time of his Sickness or Off-the-Job Injury, we will insure him as follows while coverage is in force:

If the Insured's covered Sickness or covered Off-the-Job Injury causes his Total Disability within **90** days of his last Treatment for his covered Sickness or covered Off-the-Job Injury, we will pay him the Daily Disability Benefit for each day of his Total Disability. This benefit is payable up to the Total Disability Benefit Period and is subject to the Elimination Period shown in the Benefit Schedule. The Total Disability Benefit Period begins after the Elimination Period has been satisfied. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

The Insured will no longer be qualified to receive this benefit upon the earlier of his: (1) being released by his Doctor to perform the material and substantial duties of his Job, or (2) working at any job earning 80.00% or more of his pre-Disability Base Annual Pay.

PARTIAL DISABILITY BENEFIT: SICKNESS or OFF-THE-JOB INJURY

If the Insured has a Job at the time of his Sickness or Off-the-Job Injury, we will insure him as follows while coverage is in force:

If the Insured's covered Sickness or covered Off-the-Job Injury causes his Partial Disability within **90** days of his last Treatment for his covered Sickness or covered Off-the-Job Injury, we will pay **50.00%** of the Daily Disability Benefit for each day of his Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of 3 months) and is subject to the Elimination Period. The Partial Disability Benefit Period and the Elimination Period appear in the Benefit Schedule. The Partial Disability Benefit Period begins after the

Elimination Period has been satisfied and after the Insured returns to work earning less than 80.00% of the Base Annual Pay of his job.

The Insured will no longer be qualified to receive this benefit upon the earlier of his: (1) being released by his Doctor to perform the material and substantial duties of his Job, or (2) working at any job earning 80.00% or more of his pre-Disability Annual Income.

WAIVER OF PREMIUM BENEFIT
If the Insured's covered Sickness or covered Off-the-Job Injury causes his Total Disability or Partial Disability for more than 90 consecutive days while this coverage is in force, we will waive, from month to month, the premium for the Certificate and any applicable rider(s) for as long as he remains disabled, up to the applicable Benefit Period shown in the Benefit Schedule.

For premiums to be waived, we will require an employer's statement and a Doctor's statement certifying the Insured's inability to perform his customary duties or activities, and may each month thereafter require a Doctor's statement that his inability to perform those duties or activities continues. We may ask for and use an independent consultant to determine the Insured's Disability when this benefit is in force.

All premiums must be paid to keep an Insured's Certificate and any applicable rider(s) in force until we approve his claim for this Waiver of Premium Benefit. Premium payments for the Insured must resume the earlier of his returning to work or within 90 days after he no longer qualifies for Disability benefits.

Section V - Limitations & Exclusions Provisions

Pre-Existing Conditions Limitations or Exclusions
Pre-existing Condition is the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within 12 month preceding the effective date of coverage of the insured.

We will **not** pay benefits for any Disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after the Insured's Effective Date.

The Company will not reduce or deny a claim for benefits for any Disability that was diagnosed more than 12 months after the Insured's Effective Date.

Pregnancy Limitation
Within the first nine months of the Effective Date of coverage, we will *not* pay benefits for a Disability that is caused by, or occurs as a result of, the Insured's Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth *will be* payable. The maximum Period of Disability allowed for Disability due to childbirth is **six weeks for noncesarean delivery** and **eight weeks for cesarean delivery**, less the Elimination Period, unless the Insured furnishes proof that her Disability continues beyond these time frames due to Complications of Pregnancy.

Limitations and Exclusions
A. We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

B. We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which the Insured received benefits that were not lawfully due and that fraudulently induced payment.

C. We will not pay benefits for a Disability that is caused by or occurs as a result of:
1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot.
2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.

3. An intentionally self-inflicted Injury.
4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated.
5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft.
6. Mental Illness as defined in **Section III - Definitions**.
7. Alcoholism or drug addiction.
8. An Injury arising from any employment.
9. Injury or Sickness covered by Worker's Compensation.
10. Sickness or Injury for which the Employee is eligible to receive benefits under any sick leave (sick days) plan.
11. Loss of a professional license, occupational license, or certification.
12. Having cosmetic surgery or other elective procedures that are not Medically Necessary.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.

Section VI – Claim Provisions

Notice of Claim

The Insured must give written notice of a claim to the insurer within 20 days after the date when such sickness or injury occurred. Failure to give notice within that time shall neither invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give the notice and that notice was given as soon as reasonably possible.

Notice must include the Insured's name and the Certificate number. Notice can be mailed to the Company at:

P.O. Box 84075, Columbus, GA 31993-9103.

Claim Forms

When the Company receives notice of a claim, we will send the Insured forms so that he can file Proof of Loss (details included in the **Proof of Loss** section below).

If the Company does not provide the forms within 15 working days, the Insured can meet Proof of Loss requirements by providing a written statement about the nature and extent of the loss. The Insured will also need to provide a statement by the treating Doctor. The Insured must provide this information within the time limit stated in the **Proof of Loss** section.

Proof of Loss

Proof of Loss refers to all documentation that supports a claim (this information is often found in standardized medical documents, such as hospital bills and operative reports). The Insured must provide Proof of Loss to the Company at:

P.O. Box 84075, Columbus, GA 31993-9103.

Written proof of loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of the disability must be furnished to the insurer at such intervals as the insurer may reasonably require, and that in the case of claim for any other loss, written proof of the loss must be furnished to the insurer within 90 days after the date of the loss. Failure to furnish the proof within such time shall neither invalidate nor reduce any claim if it shall be shown not have been reasonably possible to furnish the proof and that the proof was furnished as soon as was reasonably possible.

The Insured must provide Proof of Loss documentation within 90 days after the date of diagnosis of the Disability. However, the Company will not invalidate or reduce any claim if it was not reasonably possible for the Insured to provide this proof within the required time.

The Insured must provide the proof as soon as reasonably possible. The Company will not accept proof any later than one year and three months after diagnosis of the Disability, except in the absence of the Insured's legal mental capacity.

Claims Payment Timeframe
Subject to proof of such loss, all accrued benefits payable under the policy will be paid not later than at the expiration of each period of 30 days, during the continuance of the period for which the insurer is liable and any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of such proof.

Payment of Claims
We will pay all benefits to the Insured unless otherwise assigned. For any benefits that remain unpaid at the time of death, we will pay those benefits in the following order:

1. To any approved assignee.
2. To the Insured's beneficiary.
3. To the Insured's surviving spouse .
4. To the Insured's estate.

Changing of Beneficiary
The Insured can ask us to change his beneficiary at any time. The request must be in writing, and the change must be approved by us. If approved, it will go into effect the day the Insured signs the request. The change will not have any bearing on payments made before we approved the request.

Unpaid Premium
When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

Physical Examination and Autopsy
The Company may have an Insured examined as often as reasonably necessary while a claim is pending. In the case of death, the Company may also require an autopsy, unless prohibited by law. The Company will cover all costs for exams or autopsy.

Legal Action
The Insured cannot take legal action against us for benefits under this Plan:

- Within 60 days after he has sent us written Proof of Loss; **or**
- More than 3 years from the time written proof is required to be given.

Section VII - General Provisions

Assignment
We will not assume responsibility for determining the validity of an assignment of the Insured's benefits to a provider of services. No such assignment of benefits will be recognized until we receive notice that the Insured has specifically assigned the benefits of his Group Short-Term Disability Insurance Certificate.

Other Insurance With Continental American Insurance Company
If the Insured is covered under more than one Continental American Insurance Certificate with Disability benefits, only one Disability benefit chosen by the Insured or the Insured's estate, as the case may be, will be effective. We will return all premiums paid for the canceled benefits from the date of duplication, less any benefits paid under these policies from such date.

Entire Contract Changes
The *Entire Contract of Insurance* is made up of:

- this Policy
- the Master Application
- Certificates
- endorsements
- benefit agreements **and**
- riders (if any).

All statements (excluding fraudulent ones or intentionally misrepresented ones) that the Policyholder or an Insured has made in the Application will be considered representations, **not** warranties.

If statements on the Application require additional review, the Company will send a copy of the Application to:

- the Policyholder, **or**
- the Insured, **or**
- the Insured's beneficiary.

This will ensure that Policyholders or Insureds have an opportunity to review the information they have provided in their Applications. The Company *will not* void insurance or reduce benefits (as a result of statements made on the Application) without sending Application copies as outlined above.

Changes to this Plan:

- will not be valid unless approved in writing by an executive officer of the Company.
- must be noted on or attached to the Contract.
- may not be made by any agent (nor can an agent waive any Plan provisions).

Any Rider, Endorsement, or Application that modifies, limits, or excludes coverage under this Plan must be signed by the Insured to be valid.

Time Limit on Certain Defenses
After two years from the Effective Date of the Insured's coverage, no misstatements, except fraudulent misstatements, made by the Insured in the Application shall be used to void his coverage or to deny a claim for Disability commencing after the expiration of such two-year period.

No claim for loss incurred or Disability commencing after 12 months from the Effective Date of coverage shall be reduced on the grounds that a Sickness or physical condition, not excluded from coverage by name or specific description, had existed before the Effective Date of coverage. Coverage for Pre-existing Conditions will not be reduced or denied after the Insured's coverage has been in force 12 months.

Misstatement of Age
If the Insured's age has been misstated on the Application, the benefits will be those the premium paid would have purchased at the correct age. We will refund all unearned premiums paid, less any benefits paid, if the Insured's misstated age at the time of Application was outside the age limits for his coverage.

Misstatement of Occupation or Income
If the Insured's occupation has been misstated, the benefits will be those that the premiums paid would have purchased for his correct occupation. If his income has been misstated, the benefit payable will be that which would have been allowed for his true income level, and any overpayment of premium will be refunded.

Clerical Error
Clerical error by the Policyholder will not end coverage or continue terminated coverage. In the event of a clerical error , we will make a premium adjustment.

Individual Certificates
We will give the Policyholder a Certificate for each Employee. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, **and**
- The rights and privileges under the Plan.

Required Information
The Policyholder will furnish all information and proofs which we may reasonably require with regard to the Plan.

Conformity With State Statutes
This Plan was issued on its Effective Date in the state noted on the Master Application. Any Plan provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.

Section VIII - Benefit Schedule

ELIGIBILITY

BENEFIT PERIOD

Benefit	Benefit Period
Total Disability (non-Occupational)	12 Months
Partial Disability	3 Months

ELIMINATION PERIOD

Total and/or Partial Disability	Elimination Period
Injury	30 Days
Sickness	30 Days

Section IX - Schedule of Premiums

The Monthly Benefit Amount for Total Disability issued is subject to 60.00% of the eligible Employee's Base Annual Pay.*

BENEFIT AMOUNTS

Minimum	3 units ($300/Month)
Maximum	60 units ($6,000/Month)
The percentage of income replacement may vary for state-sponsored disability programs for Employees who reside in: California, Hawaii, New Jersey, New York, Puerto Rico, Rhode Island	

Base Annual Pay is the Employee's annual income from his Job with his employer. This pay excludes overtime pay, bonuses, or any other special pay.

Any increase in the Monthly Disability Benefit due to an increase in earnings is subject to written Application to and acceptance by Continental American Insurance Company. Evidence of insurability may be required.

PREMIUMS

The table below shows the premiums applicable to the Plan on the Effective Date. The rates shown are for each $100.00 of monthly benefit amount and include the rate for Partial Disability Benefits. Rates can be changed every 3 years.

Ages	Units	Monthly Rate per $100 of Monthly Benefit
18- 49	$100	$1.36
50-64	$100	$1.904
65-74	$100	$2.88

Income Replacement: 60%				
Annual Salary Range	**Monthly Benefit**	**AGE 18-49**	**AGE 50-64**	**AGE 65-74**
$9,000.00 to $9,000.00	$300	$4.08	$5.71	$8.64
$9,000.00 to $9,999.00	$400	$5.44	$7.62	$11.52
$10,000.00 to $11,999.00	$500	$6.80	$9.52	$14.40
$12,000.00 to $13,999.00	$600	$8.16	$11.42	$17.28
$14,000.00 to $15,999.00	$700	$9.52	$13.33	$20.16
$16,000.00 to $17,999.00	$800	$10.88	$15.23	$23.04
$18,000.00 to $19,999.00	$900	$12.24	$17.14	$25.92
$20,000.00 to $21,999.00	$1,000	$13.60	$19.04	$28.80
$22,000.00 to $23,999.00	$1,100	$14.96	$20.94	$31.68
$24,000.00 to $25,999.00	$1,200	$16.32	$22.85	$34.56
$26,000.00 to $27,999.00	$1,300	$17.68	$24.75	$37.44
$28,000.00 to $29,999.00	$1,400	$19.04	$26.66	$40.32
$30,000.00 to $31,999.00	$1,500	$20.40	$28.56	$43.20
$32,000.00 to $33,999.00	$1,600	$21.76	$30.46	$46.08
$34,000.00 to $35,999.00	$1,700	$23.12	$32.37	$48.96
$36,000.00 to $37,999.00	$1,800	$24.48	$34.27	$51.84
$38,000.00 to $39,999.00	$1,900	$25.84	$36.18	$54.72
$40,000.00 to $41,999.00	$2,000	$27.20	$38.08	$57.60
$42,000.00 to $43,999.00	$2,100	$28.56	$39.98	$60.48
$44,000.00 to $45,999.00	$2,200	$29.92	$41.89	$63.36
$46,000.00 to $47,999.00	$2,300	$31.28	$43.79	$66.24
$48,000.00 to $49,999.00	$2,400	$32.64	$45.70	$69.12
$50,000.00 to $51,999.00	$2,500	$34.00	$47.60	$72.00
$52,000.00 to $53,999.00	$2,600	$35.36	$49.50	$74.88
$54,000.00 to $55,999.00	$2,700	$36.72	$51.41	$77.76
$56,000.00 to $57,999.00	$2,800	$38.08	$53.31	$80.64
$58,000.00 to $59,999.00	$2,900	$39.44	$55.22	$83.52
$60,000.00 to $61,999.00	$3,000	$40.80	$57.12	$86.40
$62,000.00 to $63,999.00	$3,100	$42.16	$59.02	$89.28
$64,000.00 to $65,999.00	$3,200	$43.52	$60.93	$92.16
$66,000.00 to $67,999.00	$3,300	$44.88	$62.83	$95.04
$68,000.00 to $69,999.00	$3,400	$46.24	$64.74	$97.92
$70,000.00 to $71,999.00	$3,500	$47.60	$66.64	$100.80
$72,000.00 to $73,999.00	$3,600	$48.96	$68.54	$103.68
$74,000.00 to $75,999.00	$3,700	$50.32	$70.45	$106.56
$76,000.00 to $77,999.00	$3,800	$51.68	$72.35	$109.44
$78,000.00 to $79,999.00	$3,900	$53.04	$74.26	$112.32
$80,000.00 to $81,999.00	$4,000	$54.40	$76.16	$115.20
$82,000.00 to $83,999.00	$4,100	$55.76	$78.06	$118.08
$84,000.00 to $85,999.00	$4,200	$57.12	$79.97	$120.96
$86,000.00 to $87,999.00	$4,300	$58.48	$81.87	$123.84
$88,000.00 to $89,999.00	$4,400	$59.84	$83.78	$126.72
$90,000.00 to $91,999.00	$4,500	$61.20	$85.68	$129.60
$92,000.00 to $93,999.00	$4,600	$62.56	$87.58	$132.48
$94,000.00 to $95,999.00	$4,700	$63.92	$89.49	$135.36
$96,000.00 to $97,999.00	$4,800	$65.28	$91.39	$138.24
$98,000.00 to $99,999.00	$4,900	$66.64	$93.30	$141.12
$100,000.00 to $101,999.00	$5,000	$68.00	$95.20	$144.00
$102,000.00 to $103,999.00	$5,100	$69.36	$97.10	$146.88
$104,000.00 to $105,999.00	$5,200	$70.72	$99.01	$149.76
$106,000.00 to $107,999.00	$5,300	$72.08	$100.91	$152.64
$108,000.00 to $109,999.00	$5,400	$73.44	$102.82	$155.52
$110,000.00 to $111,999.00	$5,500	$74.80	$104.72	$158.40
$112,000.00 to $113,999.00	$5,600	$76.16	$106.62	$161.28
$114,000.00 to $115,999.00	$5,700	$77.52	$108.53	$164.16
$116,000.00 to $117,999.00	$5,800	$78.88	$110.43	$167.04
$118,000.00 to $119,999.00	$5,900	$80.24	$112.34	$169.92
Over $120,000.00	$6,000	$81.60	$114.24	$172.80

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Income Replacement: 40%				
Annual Salary Range	**Monthly Benefit**	**AGE 18-49**	**AGE 50-64**	**AGE 65-74**
$9,000.00 to $11,999.00	$300	$4.08	$5.71	$8.64
$12,000.00 to $14,999.00	$400	$5.44	$7.62	$11.52
$15,000.00 to $17,999.00	$500	$6.80	$9.52	$14.40
$18,000.00 to $20,999.00	$600	$8.16	$11.42	$17.28
$21,000.00 to $23,999.00	$700	$9.52	$13.33	$20.16
$24,000.00 to $26,999.00	$800	$10.88	$15.23	$23.04
$27,000.00 to $29,999.00	$900	$12.24	$17.14	$25.92
$30,000.00 to $32,999.00	$1,000	$13.60	$19.04	$28.80
$33,000.00 to $35,999.00	$1,100	$14.96	$20.94	$31.68
$36,000.00 to $38,999.00	$1,200	$16.32	$22.85	$34.56
$39,000.00 to $41,999.00	$1,300	$17.68	$24.75	$37.44
$42,000.00 to $44,999.00	$1,400	$19.04	$26.66	$40.32
$45,000.00 to $47,999.00	$1,500	$20.40	$28.56	$43.20
$48,000.00 to $50,999.00	$1,600	$21.76	$30.46	$46.08
$51,000.00 to $53,999.00	$1,700	$23.12	$32.37	$48.96
$54,000.00 to $56,999.00	$1,800	$24.48	$34.27	$51.84
$57,000.00 to $59,999.00	$1,900	$25.84	$36.18	$54.72
$60,000.00 to $62,999.00	$2,000	$27.20	$38.08	$57.60
$63,000.00 to $65,999.00	$2,100	$28.56	$39.98	$60.48
$66,000.00 to $68,999.00	$2,200	$29.92	$41.89	$63.36
$69,000.00 to $71,999.00	$2,300	$31.28	$43.79	$66.24
$72,000.00 to $74,999.00	$2,400	$32.64	$45.70	$69.12
$75,000.00 to $77,999.00	$2,500	$34.00	$47.60	$72.00
$78,000.00 to $80,999.00	$2,600	$35.36	$49.50	$74.88
$81,000.00 to $83,999.00	$2,700	$36.72	$51.41	$77.76
$84,000.00 to $86,999.00	$2,800	$38.08	$53.31	$80.64
$87,000.00 to $89,999.00	$2,900	$39.44	$55.22	$83.52
$90,000.00 to $92,999.00	$3,000	$40.80	$57.12	$86.40
$93,000.00 to $95,999.00	$3,100	$42.16	$59.02	$89.28
$96,000.00 to $98,999.00	$3,200	$43.52	$60.93	$92.16
$99,000.00 to $101,999.00	$3,300	$44.88	$62.83	$95.04
$102,000.00 to $104,999.00	$3,400	$46.24	$64.74	$97.92
$105,000.00 to $107,999.00	$3,500	$47.60	$66.64	$100.80
$108,000.00 to $110,999.00	$3,600	$48.96	$68.54	$103.68
$111,000.00 to $113,999.00	$3,700	$50.32	$70.45	$106.56
$114,000.00 to $116,999.00	$3,800	$51.68	$72.35	$109.44
$117,000.00 to $119,999.00	$3,900	$53.04	$74.26	$112.32
$120,000.00 to $122,999.00	$4,000	$54.40	$76.16	$115.20
$123,000.00 to $125,999.00	$4,100	$55.76	$78.06	$118.08
$126,000.00 to $128,999.00	$4,200	$57.12	$79.97	$120.96
$129,000.00 to $131,999.00	$4,300	$58.48	$81.87	$123.84
$132,000.00 to $134,999.00	$4,400	$59.84	$83.78	$126.72
$135,000.00 to $137,999.00	$4,500	$61.20	$85.68	$129.60
$138,000.00 to $140,999.00	$4,600	$62.56	$87.58	$132.48
$141,000.00 to $143,999.00	$4,700	$63.92	$89.49	$135.36
$144,000.00 to $146,999.00	$4,800	$65.28	$91.39	$138.24
$147,000.00 to $149,999.00	$4,900	$66.64	$93.30	$141.12
$150,000.00 to $152,999.00	$5,000	$68.00	$95.20	$144.00
$153,000.00 to $155,999.00	$5,100	$69.36	$97.10	$146.88
$156,000.00 to $158,999.00	$5,200	$70.72	$99.01	$149.76
$159,000.00 to $161,999.00	$5,300	$72.08	$100.91	$152.64
$162,000.00 to $164,999.00	$5,400	$73.44	$102.82	$155.52
$165,000.00 to $167,999.00	$5,500	$74.80	$104.72	$158.40
$168,000.00 to $170,999.00	$5,600	$76.16	$106.62	$161.28
$171,000.00 to $173,999.00	$5,700	$77.52	$108.53	$164.16
$174,000.00 to $176,999.00	$5,800	$78.88	$110.43	$167.04
$177,000.00 to $179,999.00	$5,900	$80.24	$112.34	$169.92
Over $180,000.00	$6,000	$81.60	$114.24	$172.80

CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina
1.800.433.3036

GROUP SHORT-TERM DISABILITY INSURANCE CERTIFICATE

This coverage only pays benefits for short-term Disability as listed in the Benefit Schedule of this Certificate. Benefits are paid for short-term Disability that is caused by Sickness or Off-the-Job Injury. This Certificate does not provide benefits for any other Sickness or condition.

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

DEKALB COUNTY (GA) ("the Policyholder") applied for coverage under this Group Short-Term Disability Insurance Policy (the "Plan"). This Plan is issued by Continental American Insurance Company (the "Company," "we," "us," or "our"). For the purpose of this Plan, "you" (including "your" and "yours") refers to you. Based on the Application and based on the timely payment of premiums, the Company agrees to pay the benefits provided on the following pages. Your Application is maintained on file and made part of this Certificate. (Please note that male pronouns—such as *you, you,* and *your*—are used for both males and females, unless the context clearly shows otherwise.)

You will notice that certain words and phrases (including some medical terms and the names of Plan documents) in this document are capitalized. These refer to terms with very specific definitions as they apply to this insurance Plan.

Please read your Certificate carefully.

We certify that you are insured under the Group Short-Term Disability Insurance Policy (the "Plan").The Plan was issued to your Employee, the Policyholder. This coverage provides benefits for loss resulting from short-term disability. The Certificate is subject to the definitions, exclusions, and other provisions of the Plan.

Certain provisions of the Plan are summarized in this Certificate. All provisions of the Plan, whether contained in your Certificate or not, apply to the insurance referred to by the Certificate.

The Certificate Effective Date is shown in the Certificate Schedule. This Certificate will remain in effect for the period for which the premium has been paid. This Certificate may be continued for further periods as stated in the Plan.

This Certificate, on its Effective Date, automatically replaces any Certificate or Certificates previously issued to you under the Plan.

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Notice of Non-Insured Benefits

From time to time, Continental American Insurance Company (CAIC) may offer or provide goods and/or services that are not related to insurance. These goods and services, which could be offered or provided to some people who apply for CAIC coverage or become insured by CAIC, may include (but are not limited to) the following:

- Enrollment services.
- Educational services.
- Benefit statement services.
- Payroll or plan administration services.

The services listed above will fall under the same benefit plan that includes or is related to the applicable CAIC coverage, individual wellness programs, and related services.

In addition, CAIC may arrange for third-party service providers (such as pharmacies, optometrists, dentists, and accountants) to provide discounted goods and services to people who apply for CAIC coverage or who become insured by CAIC.

Though CAIC has arranged these goods, services, and/or third-party provider discounts, the third-party providers—**not CAIC**—are liable to applicants/insureds for these goods and services. CAIC is not responsible for providing the goods and/or services, nor is CAIC liable to applicants/insureds for the negligent provision of these goods and/or services by third-party service providers.

For information about this notice, call 800.433.3036.

Table of Contents

B00000000150000013215000150073 4

Section I - Eligibility, Effective Date, Termination, and Portability

Eligibility

You are an eligible Employee under this Plan if you meet **all** the following requirements:

- You are An Employee of the Policyholder.
- You are engaged in full or part-time work.
- You are included in the class of Employees that are eligible for coverage, as shown on the Application.

Effective Date

The Effective Date of the Plan is shown on Page 1.

Your Certificate Effective Date is the date your insurance takes effect. That date is **one of** the two following dates:

- The date that is shown on the Certificate Schedule if you are Actively at Work on that date.
- The date you return to an Actively-at-Work status if you are not Actively at Work on the date that is shown on the Certificate Schedule.

Plan Termination

The Plan may terminate for any of the following reasons:

- The premium is not paid before the end of the Grace Period.
- The Company cancels the Plan any time after the end of the third Policy year. To do this, the Company must give 60 days' written notice.
- The number of participating Employees is less than the number that was agreed upon by the Company and the Policyholder in the signed Master Application.

The Policyholder has the sole responsibility to notify you of the termination of the Plan. If the Plan terminates, it—as well as all Certificates and Riders issued under the Plan—will end on the stated termination date. The termination occurs as of 12:01 a.m. at the Policyholder's address.

If the Plan ends, we will provide coverage for claims arising from Disabilities that were first Diagnosed while the Plan was in force.

Termination of an Employee's Insurance

Your insurance will terminate on whichever occurs first:

- The date the Company terminates the Plan.
- The 31st day after the premium due date, if the premium has not been paid.
- The date you no longer meet the Plan's definition of an Employee.
- The date you no longer belong to an eligible class.
- On the premium due date which falls on or first follows your 75th birthday.

If your coverage ends, we will provide coverage for claims that arise from short-term Disability that was first Diagnosed while your coverage was in force.

Portability Privilege

When you end employment with the Employer and your coverage would otherwise end, you may choose to continue your coverage under this Plan. You may continue the coverage that you had on the date your employment ended.

To keep your Certificate in force, you must meet the following three requirements:

- You must apply to the Company in writing within 31 days after the date your insurance would otherwise terminate.
- You must pay the required premium — the premium in effect at the time of port — to the Company no later than 31 days after the date the Certificate would otherwise terminate and on each premium due date thereafter.
- You must be engaged in full or Part-time work.

Coverage will end:

- 31 days after the date you fail to pay any required premium, **or**
- The date this Group Plan is terminated, whichever occurs first.

If you qualify for this Portability Privilege, then the Company will apply the same Benefits, Plan Provisions, and Premium Rate that are shown in your previously issued Certificate.

Section II - Premium Provisions

Premium Calculations
The Schedule of Premiums determines the premium amount that is payable on any premium due date. The rates that are shown in this Schedule can be changed each year after the rate guarantee period has expired. The Company will give the Policyholder written notice 31 days before any change in rates becomes effective.

Premium Payments
The first premiums are due on this Plan's Effective Date. After that, premiums are due on the first day of each month that the Plan remains in effect.

Aggregate premiums for this Plan should be paid to the Company at its Home Office in Columbia, South Carolina. Payment of any premium will not keep the Plan in force beyond the due date of the next premium, except as set forth in the Grace Period.

Premium Increase
The Company will notify the Policyholder and each employer group or subgroup insured under the Policy of the maximum amount of a group premium increase. This will be done no less than 60 days before the premium increase becomes effective.

Premium Refund
If coverage is terminated for any reason, the Company will return any unearned premium to the Insured on a pro-rata basis on or before the premium cancellation date.

Grace Period
This Plan has a 31-day Grace Period. If a renewal premium is not paid on or before its due date, the premium may be paid during the next 31 days. During the Grace Period, the Plan will stay in force, unless the Policyholder has given the Company written notice of its intention to discontinue the Plan.

Section III - Definitions

When the terms below are used in this Plan, the following definitions will apply:

Actively at Work refers to your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Base Annual Pay is the annual income from your Job with your employer. This pay excludes overtime pay, bonuses, or any other special pay.

Benefit Period is the maximum number of days *after* the Elimination Period, if any, for which you can be paid benefits for any Period of Disability. Each new Benefit Period is subject to a new Elimination Period. See the Benefit Schedule for the Benefit Period.

For the purposes of this calculation, a "month" is defined as 30 days for which benefits are paid.

Complications of Pregnancy refers to:

- Conditions that require Medical Treatment that comes before or comes after the termination of a pregnancy. The diagnoses for this Medical Treatment must be distinct from pregnancy but either adversely affected by pregnancy or caused by pregnancy. For a condition to be a Complication of Pregnancy, it must constitute a classifiably distinct pregnancy complication. Examples of such Complications of Pregnancy are:
    - Acute nephritis,
    - Nephrosis,
    - Cardiac decompensation,
    - Missed abortion,
    - Disease of the vascular, hemopoietic, nervous, or endocrine systems, and

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    - Similar medical and surgical conditions of comparable severity.
- Further Complications of Pregnancy include:
    - Hyperemesis gravidarum and pre-eclampsia requiring hospital confinement,
    - Ectopic pregnancy that is terminated, and
    - Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy *do not include* the following conditions:
- Multiple gestation pregnancy.
- False labor.
- Occasional spotting.
- Morning sickness.

Other similar conditions that are associated with a difficult pregnancy are not considered Complications of Pregnancy.

Cesarean deliveries are not considered Complications of Pregnancy.

Daily Disability Benefit is one-thirtieth of the applicable monthly Disability benefit that is shown on the Benefit Schedule.

Disability
- ***Total Disability*** refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Job. To qualify as Total Disability, may not be working at any job.

- ***Partial Disability*** refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Job. To qualify as Partial Disability, you are able to work at any job earning less than **80.00%** of the Annual Income of your Job at the time you became disabled.

Doctor is defined as a person who meets **all** the following criteria:
- A person who is legally qualified to practice medicine.
- A person who is licensed as a physician by the state where Treatment is received.
- A person who is licensed to treat the type of condition for which a claim is made.

A Doctor does **not** include you or your Family Member.

Elimination Period is the number of continuous days at the beginning of your Period of Disability for which there are no benefits payable. See the Benefit Schedule for the Elimination Period. Each new Benefit Period is subject to a new Elimination Period.

Employee is a person who meets the eligibility requirements that are under **Section I - Eligibility,** and who is covered under this Plan. The Employee under this Plan is you.

Family Member includes anyone related to you in the following manner: spouse, brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren, father- or mother-in-law; and spouses, as applicable.

Full-Time Job refers to a job at which you work, performing your job-related duties for pay or benefits, for the required number of hours per week. This requirement appears under the Eligibility section of the Benefit Schedule.

Injury refers to an Off-the-Job bodily injury that is not otherwise excluded. An Injury meets **all** the following criteria:
- It is directly caused by a covered accident.
- It is not caused by Sickness, disease, bodily infirmity, or any other cause.
- It occurs on or after the Effective Date of coverage and while coverage is in force.

Insured means the eligible person whose coverage under the Certificate becomes effective.

Medically Necessary refers to Treatment, services, or supplies that are necessary and appropriate for the diagnosis or Treatment of a Sickness or an Injury based upon generally accepted medical practice.

Mental Illness is defined as a Total Disability resulting from psychiatric or psychological conditions, regardless of the cause. Mental Illness includes but is not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, personality disorders as well as adjustment disorders. It also includes any other condition that is usually treated by a Doctor, mental health provider, or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the conditions stated above.

Off-the-Job Injury means an Injury that occurs while you are not working at any job for pay or benefits.

On-the-Job Injury means an Injury that occurs while you are working at any job for pay or benefits.

Period of Disability means the length of time that you are either Totally Disabled or Partially Disabled from one or more causes. It starts the first full day of Total Disability or Partial Disability after you cease to be Actively at Work for the Policyholder. It ends on the **earlier** of the following two dates:

- The date you cease to be Totally Disabled or Partially Disabled.
- The date you return to an Actively at Work status for any employer.

Sickness refers to a covered illness, disease, infection, or any other abnormal physical condition. Sickness must meet **all** the following criteria:

- It must not be caused by an Injury.
- It occurs while coverage is in force.

Treatment or ***Medical Treatment*** is the consultation, care, or services that are provided by a Doctor. This includes receiving any diagnostic measures as well as taking prescribed drugs and medicines.

Section IV - Benefit Provisions

The benefit amounts payable that are under this section are shown in the Benefit Schedule.

We will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Injury and if it occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other Policy terms.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Doctor's statement to determine whether you are qualified to receive Disability benefits.**

You must be under the care and attendance of a Doctor for these benefits to be payable. Benefits will cease on the date of your death.

Separate Periods of Disability

SAME OR RELATED CONDITION

Separate Periods of Disability resulting from the **same condition or a related condition** are considered a continuation of the prior Disability if they are not separated by 180 days or more.

Once the maximum *Total Disability Benefit Period* or maximum *Partial Disability Benefit Period* has been paid, you will not be eligible for a new *Total Disability Benefit Period* or for a new *Partial Disability Benefit Period* for Disability due to the **same condition or a Related condition**, until **180** days after **all** the following conditions are met:

- You have been released by a Doctor from the prior Disability.
- You are no longer disabled.
- You are no longer qualified to receive any Disability benefits under this Certificate.

After your Disability Benefit Period, you may continue your coverage if **all** the following conditions are met:

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- You return to work within 90 days after your Benefit Period ends.
- Premium payments for your coverage resume upon your return to work.
- The group Policy is still in force upon your return to work.

UNRELATED CAUSES

Separate Periods of Disability resulting from **unrelated causes** are considered a continuation of the prior Disability if they are not separated by your returning to work at a Job for 30 consecutive days, during which you are performing the material and substantial duties of that job.

Once the maximum *Total Disability Benefit Period* or maximum *Partial Disability Benefit Period* has been paid, you will not be eligible for a new *Total Disability Benefit Period* or for a new *Partial Disability Benefit Period* for Disability due to an **unrelated cause**, until 30 consecutive days after **all** the following conditions are met:

- You have been released by a Doctor from a prior Disability.
- You are no longer disabled.
- You are no longer qualified to receive any Disability benefits under this Certificate.

After your Disability Benefit Period, you may continue your coverage if **all** the following conditions are met:

- You return to work within 90 days after your Benefit Period ends.
- Premium payments for your coverage resume upon your return to work.
- The group Policy is still in force upon your return to work.

Periods of Disability meeting either of these separation requirements will begin a new *Total Disability Benefit Period* or a new *Partial Disability Benefit Period* (a maximum of 3 months), subject to a new Elimination Period.

The Partial Disability Benefit has its own Benefit Period; it isn't subject to the Total Disability Benefit Period. You may be eligible for the Partial Disability Benefit even if you have not received the Total Disability Benefit.

TOTAL DISABILITY BENEFIT: SICKNESS or OFF-THE-JOB INJURY

If you have a Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within **90** days of your last Treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period. It is subject to the Elimination Period shown in the Benefit Schedule. The Total Disability Benefit Period begins after the Elimination Period has been satisfied.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Doctor to perform the material and substantial duties of your Job, or (2) working at any job earning 80.00% or more of your pre-Disability Annual Income.

PARTIAL DISABILITY BENEFIT: SICKNESS or OFF-THE-JOB INJURY

If you have a Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Partial Disability within **90** days of your last Treatment for your covered Sickness or covered Off-the-Job Injury, we will pay **50.00%** of the Daily Disability Benefit for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of 3 months). It is subject to the Elimination Period. The Partial Disability Benefit Period and the Elimination Period both appear in the Benefit Schedule. The Partial Disability Benefit Period begins after the Elimination Period has been satisfied and after you return to work earning less than 80.00% of the Base Annual Pay of your job.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Doctor to perform the material and substantial duties of your Job, or (2) working at any job earning 80.00% or more of your pre-Disability Annual Income.

WAIVER OF PREMIUM BENEFIT

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability or Partial Disability for more than 90 consecutive days while this coverage is in force, we will waive, from month to month, the premium for the Certificate and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Benefit Schedule.

For premiums to be waived, we will require both the statement of an employer and the statement of a Doctor certifying that you are unable to perform your customary duties or activities. We may each month thereafter require a Doctor's statement that your inability to perform those duties or activities continues. We may ask for and use an independent consultant to determine your Disability when this benefit is in force.

All premiums must be paid to keep the Certificate and any applicable rider(s) in force until we approve your claim for this Waiver of Premium Benefit. Premium payments for your coverage must resume the earlier of your returning to work or within 90 days after you no longer qualify for Disability benefits.

Section V - Limitations & Exclusions Provisions

Pre-Existing Conditions Limitations or Exclusions

Pre-existing Condition is the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within 12 month preceding the effective date of coverage of the insured.

We will **not** pay benefits for any Disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after your Effective Date.

The Company will not reduce or deny a claim for benefits for any Disability that was diagnosed more than 12 months after the Insured's Effective Date.

Pregnancy Limitation

Within the first nine months of the Effective Date of coverage, we will *not* pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth *will be* payable. The maximum Period of Disability allowed for Disability due to childbirth is **six weeks for noncesarean delivery** and **eight weeks for cesarean delivery**, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames due to Complications of Pregnancy.

Limitations and Exclusions

A. We will not pay benefits whenever coverage provided by this Policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

B. We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

C. We will not pay benefits for a Disability that is caused by or occurs as a result of:
1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot.
2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.
3. An intentionally self-inflicted Injury.
4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated.
5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft.
6. Mental Illness as defined in **Section III - Definitions**.
7. Alcoholism or drug addiction.
8. An Injury that arises from any employment.

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9. Injury or Sickness that is covered by Worker's Compensation.
10. Sickness or Injury for which the Employee is eligible to receive benefits under any sick leave (sick days) plan.
11. The loss of a professional license, occupational license, or certification.
12. Having cosmetic surgery or other elective procedures that are not Medically Necessary.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.

Section VI – Claim Provisions

Notice of Claim

The Insured must give written notice of a claim to the insurer within 20 days after the date when such sickness or injury occurred. Failure to give notice within that time shall neither invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give the notice and that notice was given as soon as reasonably possible.

Notice must include your name and your Certificate number. Notice can be mailed to the Company at:

P.O. Box 84075, Columbus, GA 31993-9103.

Claim Forms

When the Company receives notice of a claim, we will send forms to you so that you can file Proof of Loss (Details are included in the **Proof of Loss** section below).

If the Company does not provide the forms within 15 working days, you can meet Proof of Loss requirements by providing a written statement about the nature and extent of the loss. You will also need to provide a statement by the treating Doctor. You must provide this information within the time limit stated in the **Proof of Loss** section.

Proof of Loss

Proof of Loss refers to all documentation that supports a claim (this information is often found in standardized medical documents, such as hospital bills and operative reports). You must provide Proof of Loss to the Company at:

P.O. Box 84075, Columbus, GA 31993-9103.

Written proof of loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of the disability must be furnished to the insurer at such intervals as the insurer may reasonably require, and that in the case of claim for any other loss, written proof of the loss must be furnished to the insurer within 90 days after the date of the loss. Failure to furnish the proof within such time shall neither invalidate nor reduce any claim if it shall be shown not have been reasonably possible to furnish the proof and that the proof was furnished as soon as was reasonably possible.

You must provide Proof of Loss documentation within 90 days after the date of diagnosis of the Disability. However, the Company will not invalidate or reduce any claim if it was not reasonably possible for you to provide this proof within the required time.

You must provide the proof as soon as is reasonably possible. The Company will not accept proof any later than one year and three months after diagnosis of the Disability, except in the absence of your legal mental capacity.

Claims Payment Timeframe

Subject to proof of such loss, all accrued benefits payable under the policy will be paid not later than at the expiration of each period of 30 days, during the continuance of the period for which the insurer is liable and any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of such proof.

Payment of Claims

We will pay all benefits to you unless otherwise assigned. For any benefits that remain unpaid at the time of your death, we will pay those benefits in the following order:

1. To any approved assignee.
2. To your beneficiary.
3. To your surviving spouse .
4. To your estate.

Changing of Beneficiary
You can ask us to change your beneficiary at any time. The request must be in writing, and the change must be approved by us. If approved, it will go into effect the day you sign the request. The change will not have any bearing on payments made before we approved the request.

Unpaid Premium
When a claim is paid, we may deduct any premium due and unpaid from the claim payment.

Physical Examination and Autopsy
The Company may have you examined as often as reasonably necessary while a claim is pending. In the case of death, the Company may also require an autopsy, unless prohibited by law. The Company will cover all costs for exams or for an autopsy.

Legal Action
You cannot take legal action against us for benefits under this Plan:

- Within 60 days after you have sent us written Proof of Loss; **or**
- More than 3 years from the time written proof is required to be given.

Section VII - General Provisions

Assignment
We will not assume responsibility for determining the validity of an assignment of your benefits to a provider of services. No such assignment of benefits will be recognized until we receive notice that you have specifically assigned the benefits of your Group Short-Term Disability Insurance Certificate.

Other Insurance With Continental American Insurance Company
If you are covered under more than one Continental American Insurance Certificate with Disability benefits, only one Disability benefit chosen by you or your estate, as the case may be, will be effective. We will return all premiums paid for the canceled benefits from the date of duplication, less any benefits paid under these policies from such date.

Entire Contract Changes
The *Entire Contract of Insurance* is made up of:

- this Policy
- the Master Application
- Certificates
- endorsements
- benefit agreements **and**
- riders (if any).

All statements (excluding fraudulent ones or intentionally misrepresented ones) that the Policyholder or an Insured has made in the Application will be considered representations, **not** warranties.

If statements on the Application require additional review, the Company will send a copy of the Application to:

- the Policyholder, **or**
- you, **or**
- your beneficiary.

This will ensure that the Policyholder or you have an opportunity to review the information that is provided in the Application. The Company *will not* void insurance or reduce benefits (as a result of statements made on the Application) without sending Application copies as outlined above.

Changes to this Plan:

- will not be valid unless approved in writing by an executive officer of the Company.
- must be noted on or attached to the Contract.
- may not be made by any agent (nor can an agent waive any Plan provisions).

Any Rider, Endorsement, or Application that modifies, limits, or excludes coverage under this Plan must be signed by you to be valid.

Time Limit on Certain Defenses
After two years from the Effective Date of your coverage, no misstatements, except fraudulent misstatements, made by you in the Application shall be used to void your coverage or to deny a claim for Disability starting after the expiration of such two-year period.

No claim for loss incurred or Disability starting after 12 months from the Effective Date of coverage shall be reduced on the grounds that a Sickness or physical condition, not excluded from coverage by name or specific description, had existed before the Effective Date of coverage. Coverage for Pre-existing Conditions will not be reduced or denied after your coverage has been in force 12 months.

Misstatement of Age
If your age has been misstated on the Application, the benefits will be those the premium paid would have purchased at the correct age. We will refund all unearned premiums paid, less any benefits paid, if your misstated age at the time of Application was outside the age limits for your coverage.

Misstatement of Occupation or Income
If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level. Any overpayment of premium will be refunded.

Clerical Error
Clerical error by the Policyholder will not end coverage or continue terminated coverage. If a clerical error occurs, we will make a premium adjustment.

Individual Certificates
We will give the Policyholder a Certificate for each Employee. The Certificate will set forth:

- The coverage,
- To whom benefits will be paid, **and**
- The rights and privileges under the Plan.

Required Information
The Policyholder will furnish all information and proofs which we may reasonably require with regard to the Plan.

Conformity With State Statutes
This Plan was issued on its Effective Date in the state noted on the Master Application. Any Plan provision that conflicts with that state's statutes is amended to conform to the minimum requirements of those statutes.